



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Rushbrook - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	18 March 2025
Centre ID:	OSV-0003088
Fieldwork ID:	MON-0037882

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rushbrook is a community residential home for up to three adults with an intellectual disability with low support needs. The aim of the centre is to support the residents to be independent and to be full participants in their local community in accordance with their retirement plans. The house is located in a village in North West Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Residents have access to a kitchen where they can prepare meals a dining room and a sitting room. There is one double and three single bedrooms in the house. All residents have their own bedrooms and another single room is used by staff as an office and sleepover room. Residents also have access to a secure garden space. The staff team comprises of a person in charge and social care workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 18 March 2025	09:20hrs to 14:45hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

The inspector found that residents were well-informed, actively consulted, and supported in expressing their views and preferences in a variety of ways. There was a strong emphasis on inclusion and respect for residents' rights across the service. The inspection was announced to ensure that residents had the opportunity to be made aware of the inspector's presence. The designated centre, Rushbrook, is a four-bedroom house situated in a residential estate in West Co. Dublin.

The inspector had the opportunity to meet with the three residents living in the house. All residents appeared relaxed in their home and comfortable in the company of staff members. Upon arrival to the centre, the inspector was warmly greeted by one resident. They invited the inspector to join them and spoke openly about their interests, including attending exercise classes, going on sun holidays, and their enjoyment of working and remaining active.

The inspector met two other residents while they were getting ready for the day. Both residents enjoyed attending a local knitting club, playing bingo together, and participating in a retirement social group. There was a clear sense of companionship and mutual support between the residents.

The staff team demonstrated a strong knowledge of the residents and were observed providing support in line with their assessed needs, such as assisting with hearing difficulties. Interactions between staff and residents were warm and familiar, with moments of shared humour and engagement, reflecting a positive and supportive living environment. The observed rapport between residents and staff contributed to a sense of ease and well-being within the home.

Residents shared that they were happy and felt safe in the centre. They were supported in engaging in meaningful activities in line with their preferences and had access to transport and the wider community. There was evidence of regular communication, involvement in decision-making, and support with financial and personal planning.

Residents in the centre demonstrated a high degree of independence. They regularly left the house unaccompanied to attend personal appointments, participate in social activities, and complete shopping tasks. Residents were known and welcomed within the local community and were observed interacting with ease and familiarity in local businesses. The inspector was informed that the residents frequently accessed beauty appointments, cafés, and public transport independently.

One resident invited the inspector into their bedroom, which was medium-sized and decorated to reflect their personal tastes, preferences, and talents. The room featured pictures of their family members, places they had visited over the years, and recent celebrations, as well as some of their own artwork. The resident

expressed pride in their space and shared that they loved their room, enjoyed living in the centre, and had positive relationships with the staff.

A new organisational newsletter had recently been introduced for the wider community services. This newsletter celebrated the activities, outings, and achievements of residents and included photographs highlighting their participation and engagement. Residents from the centre were shown attending a local music event. One resident proudly shared a photo album of important family members and spoke about their upcoming plans to travel abroad to visit them.

The inspector observed that residents were relaxed, confident, and comfortable in the presence of staff. They spoke positively about their experiences, expressing satisfaction with the food, their bedrooms, and the support provided. Resident questionnaires completed prior to the inspection confirmed this feedback, with one resident stating, "I am very happy here."

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## **Capacity and capability**

The centre was found to be effectively governed and staffed, with systems in place to ensure continuous quality improvement. The inspection found that the designated centre was providing a safe, person-centred, and supportive environment for its residents. The provider and person in charge demonstrated a commitment to continuous improvement and regulatory compliance.

This announced inspection was carried out to assess the ongoing compliance of the designated centre with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspection also formed part of the decision-making process in relation to the renewal of the centre registration.

The centre was last inspected in February 2024, where high levels of compliance were found across the majority of regulations reviewed. The one area of non-compliance at that time was related to complaints management. This issue has since been addressed effectively, with improvements evident in the handling and resolution of complaints in line with regulatory requirements and best practice guidance.

Management systems were in place to ensure that the quality and safety of the service were continuously monitored and improved. This included regular unannounced visits, audits, supervision meetings, and review of incident trends. The provider had implemented appropriate actions in response to any identified issues,

and there was evidence of ongoing service development since the last inspection in 2024.

Staffing levels were adequate and aligned with residents' assessed needs. The centre had a consistent and skilled staff team consisting of social care workers and access to nursing support where necessary.

#### Registration Regulation 5: Application for registration or renewal of registration

A full and complete application for the renewal of registration had been submitted by the provider within the required timeframe. All supporting documentation, including the statement of purpose, floor plans, insurance and prescribed information had been received.

Judgment: Compliant

#### Regulation 14: Persons in charge

The inspector found that the person in charge demonstrated strong and effective oversight of the designated centre. They were knowledgeable about residents' needs, familiar with staff practice, and actively involved in the day-to-day operation and governance of the service.

The person in charge was suitably qualified and experienced, fulfilling the regulatory requirements outlined under Regulation 14. They had a clear understanding of their statutory responsibilities and demonstrated a commitment to continuous improvement and person-centred care.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that staffing levels and skill mix were adequate for the assessed needs of residents. The roster reflected continuity and familiarity of care, which was valued by residents.

Staff were familiar with residents' individual needs, preferences, and communication styles, contributing to a calm and supportive living environment. The provider had made a temporary adjustment to the shift pattern for a period of six weeks in response to one resident's changing support needs. This was managed effectively

and in consultation with staff.

At the time of inspection, there were no staff vacancies. Planned and unplanned leave was managed using a small pool of regular relief who were familiar with the residents and the centre. This ensured that continuity of care was maintained and that relationships between residents and staff remained stable and positive.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff were supported through regular supervision and an annual performance review. The inspector found evidence that supervision was completed twice annually in line with the provider's policy. Team meetings were well-documented and reflected structured engagement.

The person in charge organised regular team meetings. A revised meeting agenda had been introduced to mirror the provider's internal six-monthly unannounced audit structure. Topics discussed included safeguarding, complaints, feedback from residents' meetings, incidents and risk management, health and safety, staff training, and the roll-out of new and updated policies.

The person in charge used the supervision process to engage with staff prior to the temporary night time roster changes, discussing availability and any potential impact, ensuring staff wellbeing, flexibility and service continuity were both prioritised.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the centre was well governed, with a clear structure in place. The person in charge had protected supernumerary time of 19.5 hours each week to carry out management responsibilities across two centres. Regular audits and a comprehensive schedule of checks and reviews were in place. A six-monthly unannounced provider-led audit had taken place in October 2024. In addition, the annual review of the quality and safety of care and support in the centre had been completed in September 2024. Actions arising from audits and inspections had been addressed in a timely and appropriate manner.

Judgment: Compliant



### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted by the provider and found that it contained all of the information required under Schedule 1 of the regulations. A copy of the current version was also available within the designated centre.

The document clearly outlined the aims, objectives, and ethos of the service, along with details of the facilities, staffing arrangements, and the range of supports provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed incident reporting procedures and found that all required notifications had been submitted by the person in charge in accordance with regulatory requirements. There was clear evidence that incidents were appropriately reported, monitored, and acted upon in a timely manner.

A new incident reporting system had recently been implemented in the centre to align with the National Incident Management System (NIMS). This new system supported a standardised and streamlined approach to documenting and escalating incidents, in line with national and provider policy.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the designated centre had made improvements in the management of complaints since the previous inspection. Issues identified previously had been addressed, and a clear, transparent system was now in place to receive, investigate, and resolve complaints in a timely and person-centred manner.

Residents were supported to understand the complaints process through easy-to-read materials and discussions during resident meetings. Minutes from these meetings showed that residents had been given practical examples of what might constitute a complaint and were encouraged to speak up about any concerns or suggestions.

Two complaints reviewed during the inspection had been appropriately logged, investigated, and resolved. There was evidence of follow-up and learning, and

outcomes were communicated to the complainants.

Judgment: Compliant

## Quality and safety

This inspection found that the centre continues to provide a safe and supportive environment that meets the individual and collective needs of the residents. Residents' rights were promoted, protected, and respected in all aspects of care delivery. There was clear evidence of a human rights-based approach to service provision. One area that required some improvement was painting in one bathroom observed when conducting the walk around.

There were effective systems in place for managing risk and promoting the safety of residents. A comprehensive risk register was in place and had been most recently updated in February 2025. Individual risk assessments were also reviewed and found to be relevant, person-specific, and appropriately risk-rated in line with the provider's policy.

The centre maintained an up-to-date risk register and individual risk assessments for all residents. These assessments included appropriate control measures to mitigate or manage identified risks. For instance, one resident with a history of falls had a detailed falls risk assessment and corresponding support plan in place.

Residents had control over their personal finances and were supported to make decisions about their money. Each resident had an individual bank account, and there were clear systems and oversight in place to ensure transparency and prevent any misuse of funds.

Residents' health and wellbeing were proactively supported by staff who were knowledgeable about their needs. Each resident had a healthcare plan in place, and the person in charge was well informed about residents' specific health requirements. Preventative care and national screening opportunities were offered where appropriate.

## Regulation 12: Personal possessions

The inspector reviewed practices relating to the management of residents' personal possessions, including finances, and found that systems were in place to protect residents' rights, promote independence, and ensure transparency.

The provider had updated the Management of Personal Finances Policy in November 2024. The revised policy outlined that where residents had the capacity and

preference to independently manage their own finances, they could formally opt out of financial support arrangements via a signed disclaimer. This reflected a rights-based and person-centred approach to financial decision-making.

During the inspection, financial assessments were reviewed for each resident. These assessments reflected individual capabilities and preferences. In the cases reviewed, it was evident that some residents maintained control over their own finances where they had the capacity to do so.

Residents who required support were also supported to safely store their personal items and finances, with systems in place for recording and monitoring transactions where staff assistance was involved

Judgment: Compliant

### Regulation 13: General welfare and development

Residents in the centre appeared to enjoy a good quality of life. They engaged in a variety of meaningful activities, both within the centre and in their local community. Some residents participated in gym classes, swimming, bingo, and social clubs. One resident volunteered in another part of the organisation, supporting individuals with dementia, a role that made use of their knowledge and rapport with other residents.

Residents used technology confidently for entertainment, shopping, and communication, demonstrating a high degree of independence. Residents had busy, fulfilling schedules and were well known in their local area, often visiting local shops, beauty salons, and cafés without staff support.

Judgment: Compliant

### Regulation 17: Premises

The property is centrally located in a community with access to local amenities, services and public transport and residents' autonomy to engage and connect with the community was supported. Overall, the designated centre was found to be homely, warm, and well maintained. The communal aspects of the centre displayed photographs of both past and present residents, their family members and them attending events such as weddings and milestone birthday parties. The general upkeep of the house was well maintained and the presence of mould had been treated since the previous inspection.

However, some areas of the premises required improvement. In one of the bathrooms, the inspector observed that plaster on the ceiling was peeling.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were effective systems in place for managing risk and promoting the safety of residents. The centre maintained an up-to-date risk register and individual risk assessments for all residents. These assessments included appropriate control measures to mitigate or manage identified risks. For instance, one resident with a history of falls had a detailed falls risk assessment and corresponding support plan in place. Plans were in place to enhance the environment as a result. The kitchen floor tiles were scheduled for replacement as part of a risk-reduction measure following internal reviews, which identified the surface as a potential slip hazard.

Incidents were reviewed by the person in charge and discussed during monthly staff meetings, contributing to shared learning and consistent implementation of safety plans.

Positive risk-taking was embedded in practice and balanced with individual safety needs. For example, one resident was supported to use a falls detection watch, which provided reassurance and promoted autonomy while reducing risk. Each resident was seen to have a personalised approach to their routines and were encouraged to engage in decisions about their own care and day-to-day living.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents were supported in accessing appropriate healthcare in line with their needs, preferences, and personal goals. There was good oversight of health-related issues, with evidence of timely referrals, regular health reviews, and multidisciplinary input where required.

Residents had access to general practitioners, health and social care professionals, and specialist supports as needed.

The role of the rights officer was particularly notable in supporting a recent healthcare decision. In one case, the rights officer assisted a resident by providing accessible, easy-to-read information about a proposed health intervention. This approach enabled the resident to fully understand the nature of the procedure and give informed consent.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that appropriate safeguarding measures were in place to promote residents' safety and wellbeing. Staff had up-to-date training in safeguarding vulnerable adults.

The provider had established clear mechanisms to monitor, review, and assess actual or potential safeguarding risks. Any safeguarding concerns, should they arise, would be subject to internal review and external reporting in line with national policy.

At the time of the inspection, there were no active or identified safeguarding concerns. The atmosphere in the centre was warm, relaxed, and friendly. Residents were compatible and viewed each other as friends. Interactions observed between residents were positive and supportive, with shared interests and a strong sense of mutual respect evident.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were promoted, protected, and respected in all aspects of care delivery. There was clear evidence of a human rights-based approach to service provision. Residents were encouraged to exercise choice and autonomy in their daily lives. For example, residents chose their own routines, activities, and bedtime schedules. Staff were respectful of individual preferences and tailored their support accordingly.

Residents' meetings were held regularly and minutes reviewed by the inspector reflected meaningful engagement. Residents were kept informed about changes to staff rosters and were actively supported to understand their rights. Examples of what might constitute a complaint were shared, and an easy-to-read resource on 'respect' was read aloud and discussed during one meeting.

There were no restrictions observed in the centre. Residents had free access throughout the home, and any policies that had the potential to be restrictive, such as financial management, were applied in a person-centred manner, respecting each resident's capacity and preferences.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rushbrook - Community Residential Service OSV-0003088

Inspection ID: MON-0037882

Date of inspection: 18/03/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  The registered provider has reported maintenance work to Marillac housing maintenance department and this work will be completed by July 2nd 2025	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	02/07/2025